



REQUEST FOR LEAVE

State Form 56 (R6 / 7-06)

Date (month, day, year)

INFORMATION: 1. This leave request form is available for internal use by state agencies.
2. This form can be obtained from the Central Printing Services or online at the State Forms Catalog.

Name of employee		Title			
Signature of employee		Division or location			
Type of leave requested <input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> Sick <input type="checkbox"/> Compensatory Time-off <input type="checkbox"/> Military <input type="checkbox"/> Family Leave <input type="checkbox"/> Other _____					
Dates requested From _____ through _____		Start time of absence <input type="checkbox"/> AM <input type="checkbox"/> PM	End time of absence <input type="checkbox"/> AM <input type="checkbox"/> PM	Requested leave hours	Balance of hours after this request
Comments					
Signature of supervisor		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date	Signature of approving authority	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
					Date

DISTRIBUTION: White - Approving Authority; Canary - Supervisor; Pink - Employee